COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

PRIVATE DENTIST REPORT OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL													DATE 20 _						
NAME OF CHILD							qualquiantinat o			AG	E		SEX			ADE	SECTION/ROOM		
Last			First Middl					idle					M	D F					
ADDRESS			-1000												***************************************				
No. and Street City or Post Office						Borough or Towns				ship			County			Zĺp			
REPORT OF EXAMINATION										-						77		g makengamma sementhi katin pengangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan p Sementan pengangan p	
	01 65/17			7	тоотн	CHAF	T	**********	,										
			RIGHT											LEFT					
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12	13 J	14	15	16	Upper	
LOWER		32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower	
	UPPER								9									Upper	
	LOWER													Samuel				Lower	
Is The Child Under Treatment								4		Yes □]	No □				
									•										
			v																
Treatment Completed													Yes 🗆				No 🗆		
neament completed																			
	Date	-																	
Signature of Dental/Examiner											-	***************************************		Print Name of Dental Examiner					
Address																			
Address								ana an											